



TFW 1636

PTO/SB/21 (09-04)

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

18

Application Number

09/839,583

Filing Date

April 20, 2001

First Named Inventor

PETER COLOSI

Art Unit

1636

Examiner Name

J.A. Dunston

Attorney Docket Number

0800-0023

### ENCLOSURES (Check all that apply)

- |   |   |  |
|---|---|--|
| <p><input type="checkbox"/> Fee Transmittal Form</p> <p><input type="checkbox"/> Fee Attached</p> <p><input checked="" type="checkbox"/> Amendment/Reply (10 pgs)</p> <p><input type="checkbox"/> After Final</p> <p><input type="checkbox"/> Affidavits/declaration(s)</p> <p><input type="checkbox"/> Extension of Time Request</p> <p><input type="checkbox"/> Express Abandonment Request</p> <p><input type="checkbox"/> Information Disclosure Statement</p> <p><input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application</p> <p><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53</p> | <p><input type="checkbox"/> Drawing(s)</p> <p><input type="checkbox"/> Licensing-related Papers</p> <p><input type="checkbox"/> Petition</p> <p><input type="checkbox"/> Petition to Convert to a Provisional Application</p> <p><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address</p> <p><input type="checkbox"/> Terminal Disclaimer</p> <p><input type="checkbox"/> Request for Refund</p> <p><input type="checkbox"/> CD, Number of CD(s) _____</p> <p><input type="checkbox"/> Landscape Table on CD</p> | <p><input type="checkbox"/> After Allowance Communication to TC</p> <p><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</p> <p><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)</p> <p><input type="checkbox"/> Proprietary Information</p> <p><input type="checkbox"/> Status Letter</p> <p><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):</p> <p><b>Copy of Signed Declaration and supporting documents (7 pages)</b></p> <p><b>Return Receipt Postcard</b></p> |
|---|---|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Robins & Pasternak LLP

Signature

Printed name

Roberta L. Robins

Date

3/17/06

Reg. No.

33,208

### CERTIFICATE OF TRANSMISSION/MAILING

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

PETER COLOSI

Confirmation No.: 1417

Application No.: 09/839,583

Art Unit: 1636

Filing Date: April 20, 2001

Examiner: J. A. Dunston

Title: POLYNUCLEOTIDES FOR USE IN RECOMBINANT ADENO-ASSOCIATED  
VIRUS VIRION PRODUCTION

**AMENDMENT UNDER 37 CFR §1.111**

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is in response to the Office Action mailed December 19, 2005, with a shortened statutory period of three months for response. Accordingly, this response is timely filed. Reconsideration of the application in view of the following amendments and remarks is respectfully requested.

Amendments to the **specification** begin on page 2 of this paper.

A **listing of claims** begins at page 3 of this paper.

**Remarks** begin at page 8 of this paper.